

## Anxiety Disorder among Urban Elderly People

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### Abstract

**Objective:** To determine the level of anxiety disorder among urban elderly people in addition to socio-demographic characteristics and chronic associated diseases.

**Methods:** This cross sectional study was conducted among 120 elderly people in urban area of Chittagong city (Bakolia, Chawkbazar) using convenient sampling. Face to face interview was done with semi structural questionnaire and a Geriatric Anxiety Scale to assess anxiety status. Data analysis was done with Statistical Package for Social Science (SPSS).

**Results:** Out of 120 respondents females were higher in number which was 63(52%). Around 86(71.7%) respondents were in 60-69 age groups. In urban area 41(34%) did not have anxiety disorder, while 60(50%) respondents had mild anxiety disorder, 16(13%) had moderate and 3(3%) had severe anxiety disorder. Respondent who were concerned about their finance 61(71.8%) had anxiety disorder. On the other hand 70(68%) respondents were concerned about their health that caused anxiety.

**Conclusion:** The study findings emphasized the need of attention and demand extended mental health care services for this group of elderly people.

**Keywords:** Anxiety disorder, Elder people, Urban area, Mental health.

### Introduction

According to the World Health Organization (WHO) health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Mental health, therefore, is an integral part of human health and wellbeing. Mental disorders constitute a major public health challenge and account for 13% of the global burden of disease measured as disability adjusted life years. Low and middle income countries have higher burden of mental disorders than economically developed countries<sup>1</sup>.

It is a normal response to manage threatening situations but if it occurs when there is no threat, it is likely to be a symptom of an anxiety disorder. The causes of anxiety disorders in the elderly are numerous. Associated cognitive aspects of underlying anxiety disorders include hyper

vigilance to threat, seeing oneself as vulnerable, and perceiving the demands of life as exceeding the available resources to cope older adults are at risk for anxiety disorders. A lack of social supports, a recent traumatic event, medical illnesses and medications, poor self-rated health, the presence of another psychiatric illness (particularly another anxiety disorder or depression), an early-onset anxiety disorder, and female gender are all risk factors for late-life anxiety disorders.<sup>2</sup> Late-life anxiety can often be "silent"-missed or difficult to diagnose as older adults tend to somatize psychiatric problems; have multiple psychiatric, medical, and medication issues; and present anxiety differently than do younger patients. Yet late-life anxiety disorders are a “geriatric giant,” being twice as prevalent as dementia among older adults, and four to eight times more prevalent than major depressive disorders, causing significant impact on the quality of life, morbidity, and mortality of older adults.<sup>3</sup>

Anxiety disorders are indeed common among older people and risk factors of it are panic disorder, female gender, and lower level of education, being married, loneliness and family history.<sup>4</sup> Usually older adults with anxiety disorders often go untreated for a number of reasons. They may be reluctant to discuss their feelings with their physicians. Some older adults may not seek treatment because they have suffered symptoms of anxiety for most of their lives and believe the feelings are normal. Both patients and physicians may miss a diagnosis of anxiety because of other medical conditions and prescription drug use, or particular situations that the patient is coping with. Untreated anxiety can lead to cognitive impairment, disability, poor physical health, and a poor quality of life. This constant state of worry and anxiousness may seriously affect older people's quality of life by causing them to limit

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their daily activities and have difficulty in sleeping.<sup>5</sup>

Thus this study was an attempt to explore the level of anxiety disorder among urban elderly people in Chittagong city in addition to their socio-demographic characteristics and chronic associated diseases.

## Material and Methods

A descriptive cross sectional study was conducted in Bakolia, Chawkbazar in urban area of Chittagong. The study places were selected purposively. All the elder peoples of both sexes were belongs to 60 and above year's ages. The study was conducted from 1st January 2016 to 31st December 2016. A total of 120 respondents were selected by convenient method from both urban study areas (60 from each area) under study. Informed consent was taken from them. Data were collected through face to face interview by Semi structured questionnaire and Geriatric Anxiety Scale to assess anxiety status. The first part for general information and second part for anxiety disorder assessment by Geriatric Anxiety Scale (GAS). The GAS was a 30-item self-reported anxiety scale designed for use of older adults. First 25 items were used for scoring; last 5 items were used to assess common aspects of worry among older adults. The respondents were asked to answer the questions in reference to what they felt in past one week. Response for each item range from 0 to 3. 0 for not at all, 1 for sometimes, 2 for most of the time and 3 for always. Total score was obtained by adding the scores of the items 1-25.

- 1-11 = Normal
- 12-21 = mild anxiety
- 22-27 = moderate anxiety
- 28-54 = severe anxiety

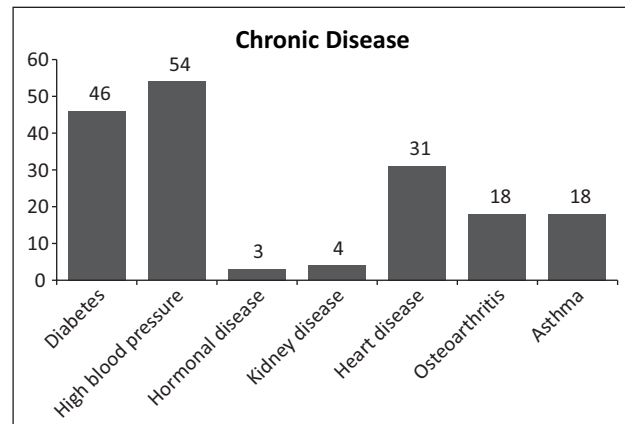
Data analysis were carried out with the help of SPSS (23<sup>rd</sup> version) program.

## Results

**Table 1:** Distribution of the respondents according to age group (n=120)

Age (In years)	Frequency	Percentage
60-69	86	71.7
70-79	27	22.5
80-89	7	5.8
Mean= 68.10 SD= ±6.289		

Table 1 shows that the highest (71.7%) respondents were within 60-69 years of age. However it was 5.8% within 80-89 years.



**Figure 1:** Distribution of the respondents according to their chronic diseases (Multiple responses)

Figure 1 shows that among the respondents 54(45%) had high blood pressure, followed by 46 (38.3%) diabetes, 31 (25.8%) heart disease, and equal 18 (15%) osteoarthritis & asthma respectively.

**Table 2:** Distribution of the respondents by their anxiety

Anxiety status as per Geriatric Anxiety Scale (GAS).	Frequency	Percentage
Normal	41	34.0
Mild	60	50.0
Moderate	16	13.0
Severe	3	3.0

disorder (n=120)

Table-2 shows that among the respondents 41(34%) did not have anxiety disorder, however, 60 (50%) had mild anxiety disorder, 16 (13%) had moderate and only 3 (3%) had severe anxiety disorder.

**Table 3:** Association between anxiety disorder and selected socio-demographic status of the respondents (n=120)

Variables	Anxiety disorder			Significance
	No	Yes	Total	
<b>Sex</b>				
Male	21 (36.8%)	36 (63.2%)	57	$\chi^2= 0.346,$ p value= 0.557
Female	20 (31.7%)	43 (68.3%)	63	
<b>Concerned about finance</b>				
Not at all	17 (48.6%)	8 (51.4%)	35	$\chi^2= 4.558,$ p value= <0.05
Yes	24 (28.2%)	61 (71.8%)	85	
<b>Concerned about health</b>				
Not at all	8 (47.1%)	9 (52.9%)	17	$\chi^2= 1.464,$ p value= 0.226
Yes	33 (32%)	70 (68%)	103	
<b>Concerned about children</b>				
Not at all	6 (31.6%)	13 (68.4%)	19	$\chi^2= 0.067,$ p value= 0.795
Yes	35 (34.7%)	66 (65.3%)	101	
<b>Afraid of dying</b>				
Not at all	17 (51.5%)	16 (48.5%)	33	$\chi^2= 6.09,$ p value= <0.05
Yes	24 (27.6%)	63 (72.4%)	87	
<b>Afraid of becoming burden to family</b>				
Not at all	23 (46%)	27 (54%)	50	$\chi^2= 5.336,$ p value= <0.05
Yes	18 (25.7%)	52 (74.3%)	70	

Table 3 shows that concerned about finance, afraid of dying, and afraid of becoming burden to the family were significantly ( $p < 0.05$ ) associated with anxiety disorder.

## Discussion

A total of 120 respondents were participate in this study. Females were higher (52.0%) than male (48.0%). In another study majority of the participant males were 53.6 % and female were 46.4% which is not similar to this study<sup>6</sup>. Respondent's mean age was 68.10 years.

In this study anxiety disorder was found to 66% in urban area. It was 55.5% as found in other similar study.<sup>5</sup> In another study majority were similar to the findings of Bryant et al who did a systematic review of literature on anxiety in people over 60 years published between 1980 and 2007 and he found that prevalence of anxiety symptoms ranged from 15% to 52.3% in community samples, and 15% to 56% in clinical samples<sup>7</sup>.

In this study it also found that there was association between concerned about finance and anxiety disorder among urban elderly people 61 (71.8%). Another study showed the factors of worry among the respondents where 44.9 % elders were concerned about their finance most of the time or always which was similar to this study as well<sup>6</sup>.

Urban elder people were less concerned about their

children which were 66 (65.3%) and had no association with anxiety disorder. Another study showed that 39.2 % of elders were worried about their children most of the times or always which is not similar to present study<sup>6</sup>.

There is association between afraid of dying and anxiety disorder among urban elderly people. 63(72.4%) of peoples were afraid of dying. Another study reveals that only 11.1% elders were afraid of dying most of the times or always which is not similar to this study<sup>6</sup>.

There is association between afraid of becoming burden to family which was 52 (74.3%) and anxiety disorder among urban elderly people. Another study found that 27 % of the geriatric populations were afraid of becoming the burden to the family and friends most of the times or always which is not similar to this study<sup>6</sup>.

## Conclusion

Aging is a natural process and old age is inevitable. They are indifferent about life and are aloof from worldly affairs. Those are more or less dependent and also less adaptable. Anxiety disorder in elderly people is very painful and treatable. It is not possible to heal old age process but possible to deal / treat the aging problems. This study showed about 66% respondents having anxiety status mild to severe those requires special mental health service support. Moreover, this study findings demands consideration of the matter of financial support, mental support in terms of improved health care concern of allied morbid conditions. All necessary government support for safety & security also needed to be addressed with due respect in deed towards improvement of quality of life at this age. There is an urgent need to address social stigma associated with mental illness and further strengthen the availability of and accessibility to mental health services across the country. Appropriate trained adequate number of human resources for mental health services needs to develop. Elderly population is growing up due to increase of life expectancy in this country, thus demands an urgent needs of twenty-first century. Mental Health Act that can serve the interests of the mentally ill persons most efficiently and effectively upholding the principles of equity and fundamental human rights for all at this stage.

## References

1. Anwar Islam, Tuhin Biswas. Mental Health and the Health System in Bangladesh: Situation Analysis of a Neglected Domain. *American Journal of Psychiatry and Neuroscience*. Vol. 3, No. 4, 2015, pp. 57-62. doi: 10.11648/j.ajpn.20150304.11.
2. Krasucki C, Howard R, Mann A. Anxiety and its treatment in the elderly. *Int Psychogeriatr*. 1999;11:25-45.
3. Keri-Leigh Cassidy, Neil A. Rector The Silent Geriatric Giant: Anxiety Disorders in Late Life; 2008, 11(3):150-156.

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4. Nowshin I, Kabir F, 2013, The Silent Geriatric Giant-Anxiety Disorders In Late Life, Bangladesh J Physiol Pharmacol ;29 (1&2):29-31.
  5. Meena SM *et al.*, Sch. J. App. Med. Sci, 2015, 3(8A):2768-2772.
  6. Haque J, Alam R, Health Problems of the Geriatric People: A Community Based Study in a Rural Area in Bangladesh 2003, 16(1): 15-19.
  7. Ritchie k, Artero S, Beluche I, Iancelin M, Mann A; prevalence of dsm-iv psychiatric disorder in the French elderly population. British journal of psychiatry. 2004; 184:147-52.